Case 17-16552-mdc Doc 24 Filed 11/27/17 Entered 11/27/17 16:28:07 Desc Main Document Page 1 of 2

Fill	in this information to	o identify your ca	se:									
Del	btor 1	Brooke Edith	n Bailey									
_	btor 2 buse, if filing)						_					
Uni	ited States Bankrup	tcy Court for the:	EASTERN DISTRICT PHILADELPHIA DIVIS		SYLVANIA	١,						
		16552				Check if this is:						
(lf kr	nown)						 An amended filing A supplement showing postpetition chapter 13 income as of the following date: 					
0	fficial Form	<u> 106l</u>						MM	/ DD/ Y	YYY		
S	chedule I: `	Your Inco	me								12	/15
spo atta	use. If you are sep ch a separate shee rt 1: Describe	arated and your et to this form. O	re married and not filin spouse is not filing wit n the top of any additio	h you, do	not includ	e inform	ation	about you	ir spous	se. If more	space is needed,	
١.	Fill in your employment information.			Debtor 1				D	Debtor 2 or non-filing spouse			
	If you have more t attach a separate information about employers.	e page with	Employment status	■ Employed					☐ Employed			
				☐ Not employed				L	■ Not er	nployed		
	Include part-time, s self-employed work		Occupation	Performance Improvement Coordina				t 				
			Employer's name Main Line Heal			h Care	Care					
	Occupation may i homemaker, if it a		Employer's address	3803 W Chester Pike Newtown Square, PA 19073-2333								
			How long employed th	nere?	12 year	rs and 4	mo	onths	_			
Pai	rt 2: Give De	tails About Mont	hly Income									
	mate monthly inco		e you file this form. If y	ou have no	thing to rep	ort for an	y line	, write \$0 in	the spa	ce. Include	your non-filing spou	se
	ou or your non-filing s ce, attach a separate		than one employer, coml	oine the inf	ormation fo	r all empl	oyers	for that per	rson on t	he lines be	low. If you need more	Э
								For Debto	or 1	For Deb	tor 2 or ng spouse	
2.			r, and commissions (be			2.	\$	7,16	66.94	\$	N/A	
3.	Estimate and list	monthly overtir	ne pay.			3.	+\$		0.00	+\$	N/A	

Official Form 106I Schedule I: Your Income page 1

7,166.94

N/A

Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	Bailey, Brooke Edith	_	Case	number (if known)	17-1655	2	
				For	Debtor 1	For Deb	tor 2 or	
						non-filin	g spouse	
	Copy	y line 4 here	4.	\$_	7,166.94	\$	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,987.88	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	28.34	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	493.44	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify: Loan Vanguard	5h.+	\$	418.97	+ \$	N/A	
		PA Unemployment W/H	_	\$	5.03	\$	N/A	
		PA LS Tax		\$	4.33	\$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$	2,937.99	\$	N/A	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,228.95	\$	N/A	
		, , ,		Ψ_	4,220.93	Ψ	N/A	
8.	List a 8a.	all other income regularly received: Net income from rental property and from operating a business,						
		profession, or farm						
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$_	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive						
		Include alimony, spousal support, child support, maintenance, divorce	_	•		•		
		settlement, and property settlement.	8c.	\$_	440.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	N/A	
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e.	\$_	0.00	\$	N/A	
	oi.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
		Specify:	8f.	\$_	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify: 2016 Income Tax Refund	8h.+	· —	300.00	+ \$	N/A	
		Contributions to household from boyfriend	_	\$_	500.00	\$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,240.00	\$	N/A	
40	0-1	whate mounthly income. Add the 7 , the 2	ر م آ		<u> </u>		,	105.55
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		5,468.95 + \$	N.	<u>/A</u> = \$ <u> </u>	5,468.95
		· · · · · · · · · · · · · · · · · · ·	. L					
11.		e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your de		ts, you	ur roommates, an	ıd		
		r friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not ava	oilabla ta	DOV 0	vnanaga liatad in	Cohodulo I	,	
	Spec	•	allable ic	рау е	xpenses listed in		1. + \$	0.00
10	الماما	the amount in the last selumn of line 40 to the amount in line 44. The resu	ılt in the	00006	in a d manthly in a			
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain					2. \$ 5	,468.95
		,			,	• •	Combine	d
							Combine monthly	income
13.	Do y	ou expect an increase or decrease within the year after you file this form?	?				. ,	-
		No						
		Yes. Explain:						